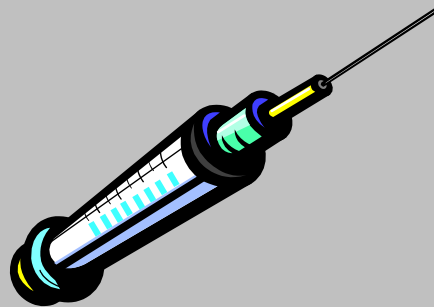


BLOOD TESTS



EVIDENTIARY
&
INDEPENDENT

VFL BLOOD TEST KITS



Evidentiary Kit



Independent Kit



EVIDENTIARY BLOOD TESTS

23 VSA 1202 (2) – Blood tests.

“If breath testing equipment is not reasonably available or if the officer has reasonable grounds to believe that the person is unable to give a sufficient sample of breath for testing or if the law enforcement officer has reasonable grounds to believe that the person is under the influence of a drug other than alcohol, the person is deemed to have given consent to the taking of an evidentiary sample of blood”

EVIDENTIARY BLOOD TESTS

23 VSA 1202 (2)

**“If in the officer’s opinion the person is
incapable of decision or unconscious or
dead, it is deemed that the person’s consent
is given”**

EVIDENTIARY BLOOD TESTS

Evidentiary Blood Test Kit

FROM: _____
(NAME OF PERSON SENDING KIT)


(ORGANIZATION)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

AFFIX POSTAGE HERE

TO:
VERMONT FORENSIC LABORATORY
P.O. BOX 47
WATERBURY, VT 05676-0047


BIOHAZARD



EVIDENTIARY BLOOD TESTS

- ✓ **Kit Expiration Date**
- ✓ **Record Kit # (lot #)**



EVIDENTIARY BLOOD TEST KIT CONTENTS



- Mailer box
- Plastic specimen bag
- Foam holder
- Vacutainer and needle
- Iodine prep pad
- 3 - blood test tubes
- 3 - tube seals
- 2 - foam seals
- 2 - evidence seals
- Request form
- Instruction form
- FDA Insert

**VERMONT FORENSIC LABORATORY**

PO BOX 47
WATERBURY, VERMONT 05676-0047
TEL: 802-244-8788
FAX: 802-241-5557
<http://vfl.vermont.gov>

LAB USE ONLY

VFL #: _____

Received By: _____ Date: _____ Time: _____

☐ Cert Mail # _____☐ Hand Carried ☐ Evidence Locker _____☐ Other _____☐ Opened to remove submission form only and repackaged

Initials: _____ Date: _____

REQUEST FOR ANALYSIS FOR ALCOHOL/DRUGS IN BLOOD

Subject Name: (Last, First)	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Case Number:
Collection Date:	Collection Time:	Collection Facility:	
Collected By: (print name)	Signature:	Witness Signature:	
Investigating Officer:			
Agency:			
Address:			
Town:	State:	Zip:	County:
Phone:		E-Mail:	

DRE Exam Performed: ☐ No ☐ Yes ☐ Refusal

DRE Name: _____

Requested Tests:☐ **Alcohol**☐ **Drugs**☐ Cannabinoids ☐ Opiates ☐ Amphetamines ☐ Benzodiazepines ☐ Cocaine☐ NMS Panel #8150B (Drug Impaired Driving Panel) ☐ NMS Panel #8152B (Drug Screen Add-On)☐ NMS Panel #8756B (Bath Salts & Stimulants Add-On) ☐ NMS Panel #8077B (Inhalants Add-On)

Other: _____

DRUG REQUESTS ONLY:

If there has been no DRE evaluation, an authorization from the requesting law enforcement agency MUST be obtained before samples can be forwarded for drug testing.

I understand that the Vermont Forensic Laboratory does not provide the requested analysis and I am requesting that the VFL forward the blood sample drawn in connection with this case to another qualified forensic laboratory for analysis to be charged to my department.

The signature below authorizes the requested testing of the referenced blood sample and assures payment to the laboratory performing the tests.

Name:	Signature:
Position of authority for expenditure:	

Evidentiary Blood Kit

1. Break kit integrity seal and open box
2. Fill out all forms and seals.
3. Have phlebotomist fill tubes as full as possible.
4. Once tubes are filled, seal tubes with evidence labels.
5. Place tubes in styrofoam kit.
6. Seal styrofoam kit with white labels.
7. Place styrofoam kit in specimen bag.
8. Place completed form in sleeve on specimen bag.
9. Place bag/foam in cardboard box.
10. Seal box with RED evidence tape.
11. Mail kit CERTIFIED to VFL or hand deliver it. If not mailing immediately, refrigerate (NOT with food).

THINGS TO REMEMBER...

- ✓ **Seals for tubes, kit and box**
- ✓ **Complete and legible request form for analysis**
 - ✓ **If requesting drug analysis, get signature authorizing expenditure**
 - ✓ **Request form into outside bag pocket**
 - ✓ **Mail (certified) or hand deliver to VFL**
- ✓ **DO NOT USE INDEPENDENT KITS FOR EVIDENTIARY PURPOSES**
- ✓ **DO NOT GIVE SUSPECTS EVIDENTIARY KITS FOR INDEPENDENT USE**

INDEPENDENT BLOOD TESTS

23 VSA 1203a.

“ A person tested has the right at the person’s own expense to have someone of the person’s own choosing administer a chemical test”

“If after reasonable efforts the person is unable to arrange transportation necessary to obtain the blood test upon completion of processing, the law enforcement officer shall provide or arrange transportation”

INDEPENDENT BLOOD KIT CONTENTS



- Mailer box
- Cardboard tube holder
- Specimen Bag
- Test Tube
- Evidence Seals
- Sampling request form
- Analysis request form
- Instruction sheet
- FDA Insert